

FILED OCT 4 1948

State File No.

Registration District No.

Primary Registration District No. 6076

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Pine Lawn  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Shamrock Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether)  
In this community years, months or days

3. (a) PRINT FULL NAME Edward Popp

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Laura Popp 6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased Aug. 11, 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 1 5 hr. min.

9. Birthplace Lenzburg, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Mathew Popp  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Amelia Hooss  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Popp  
(b) Address 1393 Hodiament Ave.  
17. (a) Burial (b) Date thereof Sept. 18/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lenzburg, Illinois.

18. (a) Signature of funeral director Jos. W. Clark  
(b) Address 1125 Hodiament Ave.  
19. (a) 9-12-48 (b) Carl E. Shaffner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Pine Lawn  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3709 Manola Ave.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16  
year 1948 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 14 to Sept 16, 1948  
that I last saw him alive on Sept 13, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive +  
arteriosclerotic cardio  
vascular disease  
Due to Arteriosclerosis  
Due to 93d.

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (g) Means of injury 0  
3. Signature Lewis Littmann (M. D. or other) MD  
Address 8231 Clayton Rd Date signed 9/16/48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Edward E. Lippman  
8231 Clayton Road  
PA. 0202..

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*Anthony Brown*....., Registered Apprentice No. *102*  
working under my personal supervision.

Signed *Alfred J. Bruden*.....  
Licensed Embalmer No. *2663*.....

P. O. Address *1125 Hodiament Ave.*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**